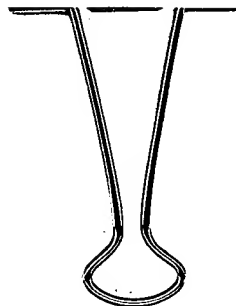


POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>10</i>	<i>2/11/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>04793</i>	<i>3/12</i>
FORMALITY REVIEW	<i>[Signature]</i>		<i>01/19/02</i>
RESPONSE FORMALITY REVIEW			



INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) ..... Canceled  
÷ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
1	12	612	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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